

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	68904	3/2/00
O.I.P.E. CLASSIFIER		15	3 (3 00
FORMALITY REVIEW		10008	3/2/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	9/30
Original	2/28
1	✓ ✓ ✓
2	
3	
4	
5	
6	
7	✓
8	✓ ✓
9	✓ ✓
10	✓ ✓ ✓
11	0 0 0
12	✓ ✓ ✓
13	✓ ✓
14	✓ ✓
15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	✓ ✓
22	✓ ✓ ✓
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28	✓ ✓ ✓ ✓
29	✓ ✓ ✓
30	✓ ✓
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37	✓ ✓ ✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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